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CONFIRMATION NO. 9084

<b>SERIAL NUMBER</b> 10/796,307	<b>FILING OR 371(c) DATE</b> 03/10/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> CL001509
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/453,135 03/10/2003 and claims benefit of 60/466,412 04/30/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>					

## ADDRESS

25748

## TITLE

Genetic polymorphisms associated with myocardial infarction, methods of detection and uses thereof

<b>FILING FEE RECEIVED</b> 1402	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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